## VILLAGE OF HAMILTON

3 Broad Street, PO Box 119, Hamilton, NY 13346 Telephone: 315-824-1111 Fax: 315-824-0922

## APPLICATION FOR SOUND PERMIT

(FOR EVENTS WITH ANTICIPATED SOUNDS IN EXCESS OF 80 dB's, AN APPLICATION FOR A SOUND VARIANCE MUST BE SUBMITTED AT LEAST 21 DAYS PRIOR TO THE EVENT.)

THIS APPLICATION MUST BE SUBMITTED NOT LESS THAN 7 BUSINESS DAYS BEFORE THE EVENT.

By submitting this Application, Applicant(s) acknowledge and agree that he/she/they have read the Village Code section 109-2 excerpts attached regarding excessive sound levels, and that the Village of Hamilton will post prior public notice, including on the Village website, that a Sound Permit has been issued, including the name(s) of the Applicant(s), the address of the event, and other relevant information regarding the event and the permit issued. All sound should always be kept at an acceptable level that will not unduly disturb the surrounding community, regardless of the issuance of a sound permit.

APPLICANT NAME(S): (Applicant(s) must be an owner of		
(owner / tenant)		(owner / tenant)
APPLICANT'S ADDRESS:		
APPLICANT'S TELEPHONE #	E-MAIL:	
DATE(S) OF THE EVENT:	TIME OF EVENT:	TO
ADDRESS WHERE THE EVENT WILL BE HELD:	NO. OF PEOPLE EX	PECTED TO ATTEND:
(MAXIMUM 1 PERMIT PER LOCATION PER CALENDAR PERMITS WILL BE ISSUED FOR ANY HOURS BETWEE OR BETWEEN 9:00 P.M. AND 9:00 A.M. ALL OTHER DA	N MIDNIGHT AND 9:00 A.M. S	DURATION IS 4 HOURS. N ATURDAY AND SUNDAY,
DESCRIBE ACTIVITIES CREATING SOUND:		2
NAME & ADDRESS OF PERSON(s) / ORGANIZATION SPONSO		
NAMES OF PARTIES RESPONSIBLE FOR STAGING AND CON	DUCT OF THE EVENT (if other tha	n Applicants):
NAMES OF PRIMARY TENANTS OF THE PREMISES (if Tenant	c(s) is/are not the Applicant):	
NAMES AND ADDRESS OF OWNER(S) OF THE PREMISES (if	Owner is not the Applicant):	
OWNER'S TELEPHONE # E-		
APPLICANT SIGNATURE:	DATE:	* **
LANDLORD SIGNATURE:	DATE	
VILLAGE APPROVAL:	DATE:	
Printed Name:	Title:	